

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586769

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED (Article 34)		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1	1			
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		7		1		
16		8		1		
17		12		1		
18		6		1		
19		12		1		
20		12		1		
21		①		1		
22		12		1		
23		12		1		
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47						
48						
49						
50						
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	94	←	20	←	0	←
TOTAL CLAIMS	94		21		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	